### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		001-A					
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER						
MONITO	RIN	G PERIOD					
MM/DD/YYYY		MM/DD/YYYY					
01/01/2011	1	01/31/2011					

DMR Mailing ZIP CODE: 83638

MINOR \$

000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

					-
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or		TELEP	HONE	DATE
	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the				
	system, or those persons directly responsible for gathering the information, the information submitted is,	•			
	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant		4		i I
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			1
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
I TPED OR PRINTED			727. 0000	NOWIDEN	

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	001-A
$\vdash$	PERMIT NUMBER	$\vdash$	DISCHARGE NUMBER
_	MONITO	RI	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2011	7	01/31/2011

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	REC-1
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER
	MONITO	RI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2011	1	01/31/2011

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	02/01/2011	1	02/28/2011

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TELEP	DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY	7	MM/DD/YYYY
	02/01/2011	٦	02/28/2011

**DMR Mailing ZIP CODE:** 83638

\$ MINOR

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	REC-1					
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER					
_								
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	02/01/2011	7	02/28/2011					

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

	QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	03/01/2011	1	03/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

00

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	QUANTITY OR LOADING QUALITY OR CONCENTRATION			CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Γ	001-A				
Г	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITO	NG PERIOD					
	MM/DD/YYYY	]	MM/DD/YYYY				
	03/01/2011	7	03/31/2011				

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		REC-1						
	PERMIT NUMBER	DISCHARGE NUMBER							
_	MONITORING PERIOD								
	MM/DD/YYYY	1	MM/DD/YYYY						
		┨							
	l 03/01/2011		03/31/2011						

DMR Mailing ZIP CODE:

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83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2011	04/30/2011							

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	, roduois.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Γ	001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
	04/01/2011	1	04/30/2011						

DMR Mailing ZIP CODE: 83638

MINOR \$

000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	REC-1						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MONTE		O I EIGIOD						
	MM/DD/YYYY		MM/DD/YYYY						
	04/01/2011	1	04/30/2011						

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	roduons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	001-A	
Γ	PERMIT NUMBER	DISCHARGE NUMBER		
	MONITO	RIN	G PERIOD	
	MM/DD/YYYY		MM/DD/YYYY	
	05/01/2011	1	05/31/2011	

DMR Mailing ZIP CODE: 83638

Manning Zir OODZ.

MINOR \$ (SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Once Per Monthly	CALCTD

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	roduois.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231			001-A
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	DR	RING	PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	05/01/2011			05/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

0300

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	OR CONCENTRATION			FREQUENCY	07
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	RIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	05/01/2011	1	05/31/2011					

DMR Mailing ZIP CODE:

MINOR \$

83638

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
06/01/2011	06/30/2011								

DMR Mailing ZIP CODE: 83638

MINOR \$

00

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		1		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that			TELEPHONE		
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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
06/01/2011	06/30/2011							

DMR Mailing ZIP CODE: 83638

MINOR \$

0000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

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OMB No. 2040-0004

83638

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	REC-1							
	PERMIT NUMBER	DISCHARGE NUMBER								
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	06/01/2011	1	06/30/2011							

DMR Mailing ZIP CODE:

MINOR \$

.

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A										
PERMIT NUMBER	DISCHARGE NUMBER										
MONITO	MONITORING PERIOD										
MM/DD/YYYY	MM/DD/YYYY										
07/01/2011	07/31/2011										

DMR Mailing ZIP CODE: 83638

it manning zin GGDZ.

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
ρΗ	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
81010 K 0	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Once Per Monthly	CALCTD

supervision in accordance with a system designed to assure that qualified personnel properfy gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A							
	PERMIT NUMBER	1	DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY	]	MM/DD/YYYY							
	07/01/2011	7	07/31/2011							

DMR Mailing ZIP CODE: 83638

MINOR \$

000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		REC-1
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
_		_	
	MONITO	RII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2011	7	07/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
08/01/2011	08/31/2011							

**DMR Mailing ZIP CODE:** 83638

**MINOR** \$

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Γ	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	P	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2011	7	08/31/2011

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		REC-1						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
08/01/2011	7	08/31/2011						

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2011	l	09/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

0000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	· I	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFF	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	PHONE	DATE
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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		001-A			
	PERMIT NUMBER	1	DISCHARGE NUMBER			
	MONITO	RING PERIOD				
	MM/DD/YYYY	7	MM/DD/YYYY			
ſ	09/01/2011 09/30/2011					

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	RIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2011	9/01/2011 09/30/2011						

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
10/01/2011	10/31/2011								

DMR Mailing ZIP CODE: 83638

MINOR \$

0300

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TELEP	HONE	DATE
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TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	001-A
L		L	30.71
	PERMIT NUMBER		DISCHARGE NUMBER
L			
	MONITO	RI	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2011	7	10/31/2011

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	RIN	G PERIOD					
	MM/DD/YYYY	]	MM/DD/YYYY					
	10/01/2011	1	10/31/2011					

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	`	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	roduons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

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(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

	ID0020231		001-A						
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
	11/01/2011	7	11/30/2011						

DMR Mailing ZIP CODE: 83638

MINOR \$

000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED	· oducio.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		REC-1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONUTO		o peniop
	MONITO	KIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2011	l	11/30/2011

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	`	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
12/01/2011		12/31/2011

DMR Mailing ZIP CODE: 83638

OR \$

MINOR S (SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	Daily When Discharging  Daily When Discharging	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****			GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L			COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L			COMP24
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Once Per Monthly	CALCTD

					-
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or		TELEP	HONE	DATE
	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the				
	system, or those persons directly responsible for gathering the information, the information submitted is,	•			
	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant		1		1
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			1
TYPED OR PRINTED	Violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
I I FED OK FRINTED				Nomber	

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	$\sqcap$	001-A						
PERMIT NUMBER	]	DISCHARGE NUMBER						
MON	MONITORING PERIOD							
MM/DD/YYYY		MM/DD/YYYY						
12/01/2011	$\neg$	12/31/2011						

DMR Mailing ZIP CODE: 83638

MINOR \$

0000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	EX OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		REC-1			
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	) F	RING PERIOD			
	MM/DD/YYYY	7	MM/DD/YYYY			
	12/01/2011	7	12/31/2011			

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

	QUANTITY OR LOADIN			IG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	Daily When Discharging  Daily When Discharging  Daily When Discharging	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L			GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L			GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED	, would be a second of the sec	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2012	1	01/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

030

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

	ID0020231		001-A
PE	RMIT NUMBER		DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2012	٦	01/31/2012

**DMR Mailing ZIP CODE:** 83638

\$ MINOR

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231			REC-1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	DR	RING	G PERIOD
	MM/DD/YYYY	]		MM/DD/YYYY
	01/01/2012	7	ı	01/31/2012

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	02/01/2012	٦	02/29/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

. .

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		REC-1
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2012	7	02/29/2012

**DMR Mailing ZIP CODE:** 

83638

\$ MINOR

(SUBR 02) RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
03/01/2012	1	03/31/2012

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Totalons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Γ	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
[	MONITO	RI	NG PERIOD
ſ	MM/DD/YYYY	]	MM/DD/YYYY
ı	03/01/2012	1	03/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

	QUANTITY OR LOADING		G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		REC-1			
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	)R	RING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	03/01/2012	٦	03/31/2012			

**DMR Mailing ZIP CODE:** 

83638

\$ MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITORING PERIOD										
MM/DD/YYYY	MM/DD/YYYY									
04/01/2012	04/30/2012									

DMR Mailing ZIP CODE: 83638

IOR \$

MINOR (SUBR 02)

DOMESTIC WASTEWATER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

No Discharge

		QUA	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NUMBER

AREA Code

MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
04/01/2012	04/30/2012									

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231			REC-1						
	PERMIT NUMBER		D	SCHARGE NUMBER						
	MONITORING PERIOD									
	MM/DD/YYYY			MM/DD/YYYY						
	04/01/2012	7		04/30/2012						

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	and the second s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	0	01-A
PERMIT NUMBER	DISCHAR	GE NUMBER
MONITO	ING PERIOD	
MONTO	ING PERIOD	
MM/DD/YYYY	MM	/DD/YYYY
05/01/2012	05	/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

0300

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NUMBER

AREA Code

MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		001-A					
PERMIT NUMBE	R	DISCHARGE NUMBER					
N	MONITORING PERIO						
MM/DD/YYY	Υ	MM/DD/YYYY					
05/01/2012	05/01/2012 05/31/2012						

DMR Mailing ZIP CODE: 83638

MINOR \$

030.

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	)F	RING PERIOD					
	MM/DD/YYYY	7	MM/DD/YYYY					
	05/01/2012	7	05/31/2012					

DMR Mailing ZIP CODE: 83638

MINOR \$

,

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A
Г	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2012	]	06/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

0000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Γ	001-A							
Γ	PERMIT NUMBER	Ī	DISCHARGE NUMBER							
_	MONITORING PERIOD									
	MM/DD/YYYY	]	MM/DD/YYYY							
	06/01/2012	7	06/30/2012							

DMR Mailing ZIP CODE: 83638

MINOR \$

0300

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
06/01/2012	06/30/2012								

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A					
Г	PERMIT NUMBER	DISCHARGE NUMBER						
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	07/01/2012	1	07/31/2012					

DMR Mailing ZIP CODE: 83638

MINOR \$

030

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A						
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY						

DMR Mailing ZIP CODE: 83638

MINOR \$

0.

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

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FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		REC-1	
	PERMIT NUMBER		DISCHARGE NUMBER	
	MONITO	DR	RING PERIOD	
	MM/DD/YYYY		MM/DD/YYYY	
	07/01/2012	7	07/31/2012	

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

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(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RII	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2012	1	08/31/2012

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	`	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	REC-1
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER
		_	
	MONITO	RI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2012	7	08/31/2012

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

03

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		ADEA Codo	MIMPER	им рассом
TYPED OR PRINTED		NOTITO (ILLES NOLITI	AREA Code	NUMBER	MM/DD/YYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		001-A							
PERMIT NUMBER	₹ [	DISCHARGE NUMBER							
MC	MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY							
09/01/2012		09/30/2012							

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.		0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED	· oducio.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	REC-1							
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITO	PRIN	G PERIOD						
	MM/DD/YYYY		MM/DD/YYYY						
	09/01/2012	1	09/30/2012						

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
Ī	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	10/01/2012	]	10/31/2012					

DMR Mailing ZIP CODE: 83638

MINOR \$

`

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	e samono.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	٦I	001-A							
PERMIT NUMBER	]	DISCHARGE NUMBER							
MONI	MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY							
10/01/2012	П	10/31/2012							

DMR Mailing ZIP CODE: 83638

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MINOR \$ (SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION						0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	RI	NG PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	10/01/2012	1	10/31/2012					

DMR Mailing ZIP CODE: 8

MINOR \$

83638

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

					_
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
<u> </u>	MONITO	RING PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
П	11/01/2012	٦.	11/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

030

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		0, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	REC-1						
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER						
	MONITO	RI	NG PERIOD						
	MM/DD/YYYY		MM/DD/YYYY						
	11/01/2012	7	11/30/2012						

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	`	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	roduons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
12/01/2012	12/31/2012				

DMR Mailing ZIP CODE: 83638

MINOR \$

000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ordations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020	)231		001-A						
PERMIT N	UMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MONITO	RING PE	RIOD						
MM/DI	MONITO D/YYYY	RING PE	RIOD MM/DD/YYYY						

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	0, ==		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	EX OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		REC-1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
12/01/2012	1	12/31/2012

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

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OMB No. 2040-0004

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2013	]	01/31/2013

DMR Mailing ZIP CODE: 83638

NOR \$

MINOR (SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		ADEA Codo	MIMPER	им рассом
TYPED OR PRINTED		NOTITO (ILLES NOLITI	AREA Code	NUMBER	MM/DD/YYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Γ	001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
[	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
- [	01/01/2013	1	01/31/2013						

DMR Mailing ZIP CODE: 83638

MINOR \$

030

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	·	0, ==		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231			REC-1
	PERMIT NUMBER		DIS	CHARGE NUMBER
	MONITO	DR	ING P	ERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2013	7		01/31/2013

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	_   0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	Г	001-A				
PERMIT NUMBER	DISCHARGE NUMBER					
MONITO	DIN	G PERIOD				
MONTO	KIIN	G PERIOD				
MM/DD/YYYY		MM/DD/YYYY				
02/01/2013	]	02/28/2013				

**DMR Mailing ZIP CODE:** 83638

**MINOR** 

\$

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		001-A
r	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY	7	MM/DD/YYYY
	02/01/2013	٦	02/28/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

0300

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231			REC-1							
	PERMIT NUMBER			DISCHARGE NUMBER							
	MONITORING PERIOD										
	MM/DD/YYYY	]		MM/DD/YYYY							
	02/01/2013	7	Г	02/28/2013							

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****						
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****						
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****						
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
03/01/2013	]	03/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI 9	****		*****	****	****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Once Per Monthly	CALCTE

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	001-A								
	PERMIT NUMBER		DISCHARGE NUMBER								
	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
	03/01/2013	1	03/31/2013								

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	ı	RFC-1
L		ı	0 .
1	PERMIT NUMBER	١	DISCHARGE NUMBER
_			
	MONITO	2F	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2013	7	03/31/2013

DMR Mailing ZIP CODE:

MINOR \$

83638

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI 9	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI 9	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	NODI 9	NODI 9				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2013	04/30/2013								

**DMR Mailing ZIP CODE:** 83638

**MINOR** \$

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.		0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
[	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
ı	04/01/2013	7	04/30/2013						

DMR Mailing ZIP CODE: 83638

MINOR \$

0300

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· oducio.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		REC-1							
PERMIT NUMBER		DISCHARGE NUMBER							
MONITORING PERIOD									
MONITO	יוואי	IG PERIOD							
MM/DD/YYYY		MM/DD/YYYY							
04/01/2013	1	04/30/2013							

DMR Mailing ZIP CODE:

MINOR \$

83638

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
05/01/2013	1	05/31/2013

DMR Mailing ZIP CODE: 83638

NOD #

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
05/01/2013	05/31/2013							

DMR Mailing ZIP CODE: 83638

MINOR \$

0000

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	O/
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

83638

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	RII	NG PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	05/01/2013	7	05/31/2013					

**DMR Mailing ZIP CODE:** 

\$ MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		001-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY	]	MM/DD/YYYY							
	06/01/2013	]	06/30/2013							

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

					_
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
06/01/2013	06/30/2013								

DMR Mailing ZIP CODE: 83638

OR \$

MINOR (SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	RIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	06/01/2013	1	06/30/2013					

DMR Mailing ZIP CODE: 83638

MINOR \$

0.

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

00

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231			001-A
	PERMIT NUMBER		DISCHA	ARGE NUMBER
	MONITO	)R	NG PERIO	OD
	MM/DD/YYYY	]	I.	IM/DD/YYYY
	07/01/2013	7		07/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

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(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231		REC-1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2013	1	07/31/2013

DMR Mailing ZIP CODE:

MINOR \$

83638

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

**DMR Mailing ZIP CODE:** 83638

\$

**MINOR** 

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

No Discharge

		QUAI	NTITY OR LOADIN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID002023	:1		001-A
PERMIT NUM	•	$\vdash$	DISCHARGE NUMBER
PERIVITI NON	IDEK		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM/DD/Y	YYY		MM/DD/YYYY
08/01/20	013	l 1	08/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				). FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	••••••••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231			REC-1	
	PERMIT NUMBER		DISCH	ARGE NUMBER	
	MONITO	DR	NG PER	IOD	
	MM/DD/YYYY			MM/DD/YYYY	
	08/01/2013	7		08/31/2013	

DMR Mailing ZIP CODE: 83638

IN Manning Zir OODE.

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			d	UALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

**DMR Mailing ZIP CODE:** 83638

\$

MINOR

DOMESTIC WASTEWATER

External Outfall

(SUBR 02)

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
ρΗ	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• outloid.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	ſ	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	2R	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2013	7	09/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

0300

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· oducio.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	REC-1
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2013	1	09/30/2013

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	Г	001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONUTO	5	a DEDICE
MONITO	KIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2013		10/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquirity of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		001-A		
	PERMIT NUMBER		DISCHARGE NUMBER		
[	MONITO	)F	RING PERIOD		
	MM/DD/YYYY	7	MM/DD/YYYY		
ſ	10/01/2013	7	10/31/2013		

DMR Mailing ZIP CODE: 83638

MINOR \$

- 0

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

83638

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	REC-1
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER
_			
	MONITO	PRI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2013	7	10/31/2013

DMR Mailing ZIP CODE:

alling ZIF CODE.

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
11/01/2013	11/30/2013							

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
Н	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	*****				
31010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER	R				
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
- [	11/01/2013	7	11/30/2013					

DMR Mailing ZIP CODE: 83638

MINOR \$

- 0

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	REC-1						
	PERMIT NUMBER		DISCHARGE NUMBER						
_	MONITORING PERIOD								
	MONTO	,, , , , , , , , , , , , , , , , , , ,	TO I LINIOD						
	MM/DD/YYYY	_	MM/DD/YYYY						
	11/01/2013	1	11/30/2013						

DMR Mailing ZIP CODE: 83638

int Manning Zir GODE.

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
12/01/2013	12/31/2013								

DMR Mailing ZIP CODE: 83638

MINOR \$

0300

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
рH	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Once Per Monthly	CALCTD

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Γ	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	12/01/2013	7	12/31/2013					

DMR Mailing ZIP CODE: 83638

MINOR \$

030

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020	ID0020231 RI						
PERMIT N	PERMIT NUMBER DISCHARGE NUMBER						
	MONITORING PERIOD						
MM/DI	D/YYYY	]	MM/DD/YYYY				
12/0	1/2013	1	12/31/2013				

DMR Mailing ZIP CODE: 83638

nik manning zir GODE.

MINOR \$

(SUBR 02) RECEIVING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
01/01/2014	]	01/31/2014

DMR Mailing ZIP CODE: 83638

....

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

					_
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquirity of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
Γ	01/01/2014	1	01/31/2014

**DMR Mailing ZIP CODE:** 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

	QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

83638

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	REC-1						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITO	PRI	NG PERIOD						
	MM/DD/YYYY		MM/DD/YYYY						
	01/01/2014	1	01/31/2014						

DMR Mailing ZIP CODE:

R \$

MINOR (SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI 9	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

					-
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or		TELEP	HONE	DATE
	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the			'	
	system, or those persons directly responsible for gathering the information, the information submitted is,	•			
	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant		4		i I
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			1
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Γ	001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
[	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
- [	02/01/2014	7	02/28/2014						

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	RII	NG PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	02/01/2014	7	02/28/2014					

DMR Mailing ZIP CODE:

83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI 9	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI 9	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

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ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2014	1	03/31/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

00

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	Q	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		·	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF

ADDRESS: 216 EAST PARK STREET

MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

	ID0020231		001-A						
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
	03/01/2014	7	03/31/2014						

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

	QUANTITY OR LOADING			Q	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	0/1	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Country of the Coun	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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MCCALL, ID 83638

FACILITY: MCCALL, CITY OF

LOCATION: 216 EAST PARK STREET

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Г	ID0020231	Г	REC-1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2014	1	03/31/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MCCALL, ID 83638

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**LOCATION: 216 EAST PARK STREET** 

MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

Γ	ID0020231	Г	001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2014	1	04/30/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	G	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
00061 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	****	cfs	*****	****	*****	*****		Daily When Discharging	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
ρΗ	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
31010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Once Per Monthly	CALCTD

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**TYPED OR PRINTED** 

NUMBER

AREA Code

MM/DD/YYYY

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Form Approved OMB No. 2040-0004

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	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	04/01/2014	1	04/30/2014					

**DMR Mailing ZIP CODE:** 83638

MINOR

\$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		.   0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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Г	ID0020231		REC-1
	PERMIT NUMBER		DISCHARGE NUMBER
[	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
ſ	04/01/2014	1	04/30/2014

DMR Mailing ZIP CODE:

\$

83638

MINOR

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING		IG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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